

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Attorney Gordon Copland		2. PHONE NUMBER (304) 933-8162		3. DATE 7/16/2015	
4. MAILING ADDRESS Stephoe & Johnson, 400 White Oaks Boulevard		5. CITY Bridgeport		6. STATE WV	7. ZIP CODE 26330
8. CASE NUMBER 1:14CV99	9. JUDGE Magistrate John S. Kaul	DATES OF PROCEEDINGS			
		10. FROM 6/29/2015		11. TO 6/29/2015	
12. CASE NAME Gilead Sciences v Mylan		LOCATION OF PROCEEDINGS			
		13. CITY Clarksburg		14. STATE WV	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Motion Hearing	
<input type="checkbox"/> BAIL HEARING				06-29-2015	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	31	150.35
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	150.35
18. SIGNATURE /s/Gordon Copland			PROCESSED BY		
19. DATE 7/16/2015			PHONE NUMBER (304) 282-0395		
TRANSCRIPT TO BE PREPARED BY Linda Bachman P.O. Box 969, Clarksburg, WV 26302			COURT ADDRESS P.O. Box 969 Clarksburg, WV 26302-0969		
ORDER RECEIVED	DATE 7/16/2015	BY LB			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED	7/16/2015	LB	TOTAL CHARGES		150.35
TRANSCRIPT RECEIVED	7/20/2015		LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT	7/20/2015		TOTAL DUE		150.35

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